



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

PERSONAL HISTORY SHEET

L- PHS
(2/2021)

Every officer and majority owner must complete a Personal History Statement. Answer all questions. Any false statement will disqualify you and subject you to prosecution under section 101.69 of the Texas Alcoholic Beverage Code and other criminal statutes.

OWNER/APPLICANT

1. Trade Name (Name of restaurant, bar, etc.) _____		
2. Location Address: _____		
3. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
4. Full Legal Name (Last, First, Middle) _____		
Social Security Number	Issuing State/ Driver's License Number	Date of Birth (mm/dd/yyyy)
Place of Birth (City, State, Country) _____		
Email Address _____		

SPOUSE

5. Full Legal Name (Last, First, Middle) _____		
Social Security Number	Issuing State/ Driver License Number	Date of Birth (mm/dd/yyyy)
Place of Birth (City, State, Country) _____		

OTHER RESIDENT

6. Do you live with anyone over the age of 18, other than your spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "YES" please provide their information below: (If additional space is needed, please attach a page with information.)			
Full legal name (Last, First, Middle) _____			
Social Security Number	Issuing State/ Driver License No.	Date of Birth (mm/dd/yyyy)	Relationship

RESIDENTIAL ADDRESSES

7. List residential addresses for the past five (5) years starting with current address. If you have not lived in Texas for the previous 12 months, you are required to provide TABC with an official copy of your criminal background check from the FBI or state police of any state where you lived in the previous five years. (If additional space is needed, please attach a list with the following information.)			
Number and Street	City, State, ZIP	From (mm/yyyy)	To (mm/yyyy)
			PRESENT
8. Business Phone No.	Residential Phone No.	Mobile Phone No.	

RESIDENT STATUS

9A. Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	
B. If "YES" answer the following: <input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized. If "Naturalized," Provide the "A" Number _____	
C. If "NO" What is your legal status in the United States? Explain below, or attach a page with information.	
D. Provide all documents such as Visa, Resident Alien, Employment Authorization Documents, etc.	

TABC USE ONLY	APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO	SPOUSE (BE/BG ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
	CH - Date Entered / /	Supervisor's Signature	Destroy Date / /

EMPLOYMENT HISTORY

10. List employment for the *past five (5) years* beginning with your current employer. If self-employed or retired, include the name of your company or company from which you retired, type of business owned or the position held prior to retirement. Include periods of unemployment. All periods of time must be accounted for during the past five years. (If additional space is needed, attach a separate sheet.)

Name of Employer/Company	Address (Street, City, State, ZIP)	Position Held/Business Type	From (mm/yyyy)	To (mm/yyyy)
				PRESENT

INDIVIDUAL FINANCIAL INFORMATION

11. List the total amount of **your** personal investment in this location. Provide investment details including notes, loans, gifts, cash, services or equipment, and operating capital. Account for the original source of all investments (how acquired). Enter total dollar amount on the line of the amount invested column.
(If additional space is needed, attach a separate sheet.)

NOTE: If investment is in the form of a loan or gift, attach name of lender or financial institution, address, terms and security and loan/gift documents. If from an individual, attach personal information for all individuals including: name, social security and driver license numbers, date of birth, race, sex, etc.

Amount Invested	Original Source of Investment (loans, previous employment, etc).
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	TOTAL AMOUNT OF PERSONAL INVESTMENT \$
SIGN AND NOTARIZE APPLICATION	

WARNING: Section 101.69 of the Texas Alcoholic Beverage Code states: "...a person who knowingly makes a false statement or false representation in an application for a permit or license or in a statement, report, or other instrument to be filed with the commission and required to be sworn commits an offense punishable by imprisonment in the Texas Department of Criminal Justice for not less than 2 nor more than 10 years."

I, under penalty of law, hereby swear that I have read all the information provided in this document and any attachments and the information is true and correct. I also understand any false statement or representation in this application can result in my application being denied and/or criminal charges filed against me. I also authorize the Texas Alcoholic Beverage Commission to use all legal means to verify the information provided.

PRINT

NAME: _____

AUTHORIZED

SIGNATURE: _____

BEFORE ME, the undersigned authority, on this _____ day of _____, 20____ the person whose name is signed to the foregoing document personally appeared and duly sworn by me, each states under oath that he or she has read the said document and that all facts therein set forth are true and correct.

SIGN

HERE: _____

(S E A L)

Notary Public